Substitute for for	m 1449A/PTO	Complete if Known			
INFORMATIO	ON DISCLOSURE	Application Number	To be assigned		
STATEMENT	F BY APPLICANT	Filing Date	Herewith		
		Applicants	Alexander		
(use as many sheets	s as necessary)	Group Art Unit			
		Examiner Name			
Sheet	of	Attorney Docket Number	81089577		

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EXAMINER INITIAL*	Cite No. 1	DOCUMENT NUMBER	Kind Code ² (if known)	NAME			DATE MM-DD-YY	Pages, Columns, Lines, Where Relevant Passages or Re Figures Appear	elevant
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